MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL 09/440458 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1		1	1	1	
2		1		1		1
3		1		1		1
4		3		3		
5		1		3		
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		
10		1		1		1
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TOTAL IND.	1		1		1	
TOTAL DEP.	16		17		13	
TOTAL CLAIMS	17		18		14	

	° IND.	° DEP.	° IND.	° DEP.	° IND.	° DEP.
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